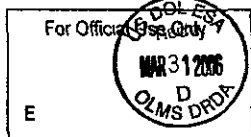


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 14011	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name THEODORE PAPAHAZIS P O Box Bldg Room No if any Street 325 73RD STREET City BROOKLYN State New York ZIP Code + 4 11209	4 Name file number and address of labor organization Name LEAGUE OF INTERNATIONAL FEDERATED EMPLOYEES Labor Organization File Number 540-574 P O Box Building and Room Number if any Street 325 73RD STREET City BROOKLYN State New York ZIP Code + 4 11209
5 Position in labor organization 5TH VICE PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

Date

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name LIFE BENEFIT PLAN Trade Name if any P O Box Bldg Room No if any Street 325 73RD STREET City BROOKLYN State New York ZIP Code + 4 11209	9 Business deals with <div style="margin-left: 40px;"> a Labor Organization <input checked="" type="checkbox"/> b Trust c Employer </div>
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10 If 9 b or 9 c is checked give trust or employer's name Name LIFE BENEFIT PLAN Trade Name if any P O Box Bldg Room No if any Street 325 73RD STREET City BROOKLYN State New York ZIP Code + 4 11209	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> 11 a Nature of such dealing UNION IS THE COLLECTIVE BARGAINING AGENT FOR THE PARTICIPANTS IN THE WELFARE FUND THEODORE PAPAHA TZIS IS A TRUSTEE OF THE WELFARE FUND </td> </tr> <tr> <td style="padding: 5px;"> <table style="width: 100%;"> <tr> <td style="width: 80%;">11 b Approximate dollar value of such dealing</td> <td style="width: 20%; text-align: right;">\$0</td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> 12 a Nature of interest held or income received VARIOUS MEETINGS WITH TRUSTEES PROFESSIONALS AND CONSULTANTS AS PART OF MY FIDUCIARY RESPONSIBILITIES TO THE TRUST FUND </td> </tr> <tr> <td style="padding: 5px;"> <table style="width: 100%;"> <tr> <td style="width: 80%;">12 b Amount</td> <td style="width: 20%; text-align: right;">\$269</td> </tr> </table> </td> </tr> </table>	11 a Nature of such dealing UNION IS THE COLLECTIVE BARGAINING AGENT FOR THE PARTICIPANTS IN THE WELFARE FUND THEODORE PAPAHA TZIS IS A TRUSTEE OF THE WELFARE FUND	<table style="width: 100%;"> <tr> <td style="width: 80%;">11 b Approximate dollar value of such dealing</td> <td style="width: 20%; text-align: right;">\$0</td> </tr> </table>	11 b Approximate dollar value of such dealing	\$0	12 a Nature of interest held or income received VARIOUS MEETINGS WITH TRUSTEES PROFESSIONALS AND CONSULTANTS AS PART OF MY FIDUCIARY RESPONSIBILITIES TO THE TRUST FUND	<table style="width: 100%;"> <tr> <td style="width: 80%;">12 b Amount</td> <td style="width: 20%; text-align: right;">\$269</td> </tr> </table>	12 b Amount	\$269
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an emp oyer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment